

Event Data Set
Dictionary / Data Submission Guide
NSF Format

EVENT DATA CONVENTIONS

Description of Field Types

X - Alphanumeric, any characters are allowed. Letters should always be upper-case.

N - Numeric, only positive numbers are allowed.

Special Fields

1. Dates should be entered in the format YYYYMMDD. For example, July 21, 2004 would be entered as 20040721. No special characters such as "/" or "-" should be used.
2. All alphanumeric fields should be left justified. Numeric fields should be right justified with leading zeros.
3. For DMHMRS Modifiers (FA0-12) 24 and 25, the corresponding client may be a pseudo-client with a Client Status Code (field 6 in the Client Data Set) of '3'.

Error Descriptions

Fatal Errors: Error Actions are listed for each required field in the data set. If a field is defined as fatal, errors in that field will result in the rejection of the claim or file depending on the level of the error.

General Errors: All required fields which are not designated as fatal will be checked for validity of coding. Incorrect codes will result in a general error being produced. See Data Set Guide Introduction for more details.

Special Conditions: At this time, no special conditions will be checked within the file that are not listed in the data definitions for each field. If this situation changes, ample notice will be given to allow for corrections.

Other Errors: Each individual receiving service must have an entry in the corresponding month's client data set. Services for clients with no matching client record will be rejected.

7/1/2003 UPDATE: The following fields have been removed from consideration beginning with the Fiscal Year 2004 data. You may continue to submit the information, but no errors will be reported against them:

Field EA0-27 - Discharge Date

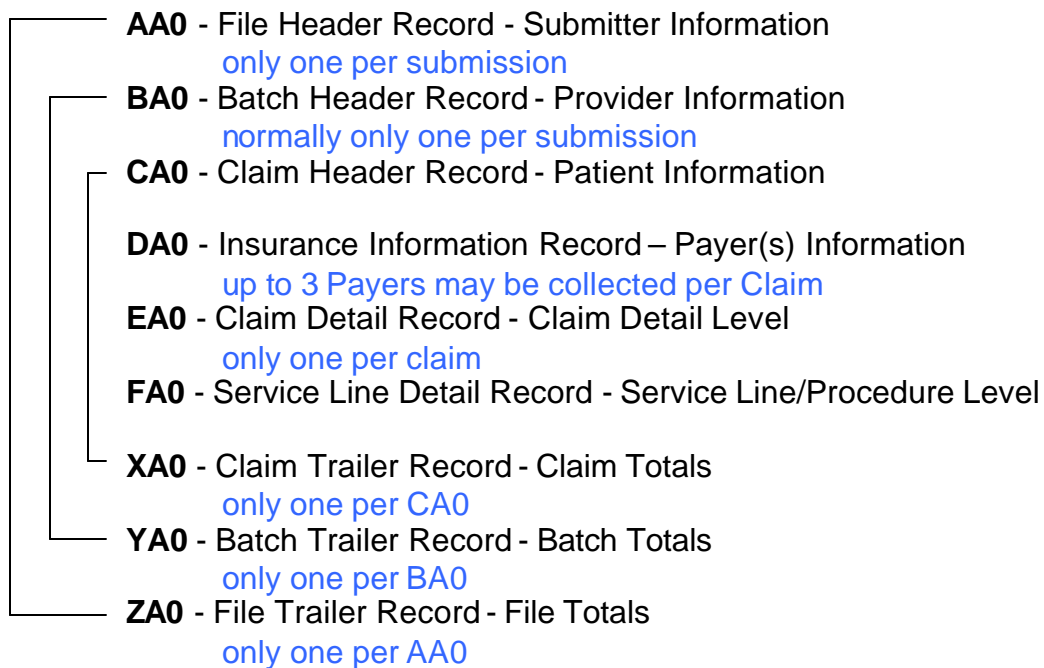
Fields FA0-14, 15, 16, 17 - Diagnosis Code Pointers 1,2,3,4

Field FA0-36 - DMHMRS Modifier 2

National Standard Format

The National Standard Format, Version 2.0, is a 320 byte fixed length record-oriented flat-file format for claims data. Listed below are record descriptions and file layout.

Record Descriptions and File Layout



Event (Claim File) Submission Data Set File Layouts

Section: AA0 - File Header Record - Submitter Information

Field Number	Field Name	Field Length	Type	From	To	Required?
1	Record ID	3	X	1	3	Yes
2	Submitter ID	16	X	4	19	No
3	Reserved	9	X	20	28	No
4	Submission Type	6	X	29	34	No
5	Submission No.	6	X	35	40	No
6	Submitter Name	33	X	41	73	No
7	Submitter Address 1	30	X	74	103	No
8	Submitter Address 2	30	X	104	133	No
9	Submitter City	20	X	134	153	No
10	Submitter State	2	X	154	155	No
11	Submitter Zip Code	9	X	156	164	No
12	Submitter Region	5	X	165	169	No
13	Submitter Contact	33	X	170	202	No
14	Submitter Phone	10	X	203	212	No
15	Creation Date	8	N	213	220	No
16	Submission Time	6	N	221	226	No
17	Receiver ID	16	X	227	242	No
18	Receiver Type Code	1	X	243	243	No
19	Version Code - National	5	X	244	248	No
20	Version Code - Local	5	X	249	253	No
21	Test/Prod Indicator	4	X	254	257	No
22	Password	8	X	258	265	No
23	Retransmission Status	1	X	266	266	No
24	Original Submitter ID	16	X	267	282	No
25	Vendor App Cat	1	X	283	283	No
26	Vendor Software Version	5	X	284	288	No
27	Vendor Software Update	2	X	289	290	No
28	Filler - National	2	X	291	292	No
29	Filler - Local	28	X	293	320	No

Section: BA0 - Batch Header Record - Provider Information

Field Number	Field Name	Field Length	Type	From	To	Required?
1	Record ID	3	X	1	3	Yes
2	DMHMRS Region ID	15	X	4	18	No
3	Batch type	3	X	19	21	No
4	Batch No	4	N	22	25	No
5	Batch ID	6	X	26	31	No
6	Provider Tax ID	9	X	32	40	No
7	Reserved (BAO-07.0)	6	X	41	46	No
8	Provider Tax ID Type	1	X	47	47	No
9	Provider Medicare NO	15	X	48	62	No
10	Provider Upin-Usin ID	6	X	63	68	No
11	Reserved (BAO-11.0)	6	X	69	74	No
12	Provider Medicaid NO	15	X	75	89	No
13	Provider Champus NO	15	X	90	104	No
14	Provider Blue Shield NO	15	X	105	119	No
15	Provider Commercial NO	15	X	120	134	No
16	Provider NO 1	15	X	135	149	No
17	Provider NO 2	15	X	150	164	No
18	Organization Name	33	X	165	197	No
19	Provider Last Name	20	X	198	217	No
20	Provider First Name	12	X	218	229	No
21	Provider MI	1	X	230	230	No
22	Provider Specialty	3	X	231	233	No
23	Specialty License NO	15	X	234	248	No
24	State License NO	15	X	249	263	No
25	Dentist License NO	15	X	264	278	No
26	Anesthesia License NO	15	X	279	293	No
27	Filler-National	13	X	294	306	No
28	Filler-Local	14	X	307	320	No

Section: CA0 - Claim Header Record - Patient Information

Field Number	Field Name	Field Length	Type	From	To	Required?
1	Record ID	3	X	1	3	Yes
2	Reserved (CA0-02.0)	2	X	4	5	No
3	PAT Control NO	17	X	6	22	Yes
4	PAT Last Name	20	X	23	42	No
5	PAT First Name	12	X	43	54	No
6	PAT MI	1	X	55	55	No
7	PAT Generation	3	X	56	58	No
8	PAT Date of Birth	8	X	59	66	No
9	PAT Sex	1	X	67	67	No
10	PAT Type of Residence	1	X	68	68	No
11	PAT ADDR1	30	X	69	98	No
12	PAT ADDR2	30	X	99	128	No
13	PAT City	20	X	129	148	No
14	PAT State	2	X	149	150	No
15	PAT Zip	9	X	151	159	No
16	PAT Phone	10	X	160	169	No
17	PAT Marital Status	1	X	170	170	No
18	PAT Student Status	1	X	171	171	No
19	PAT Employment Status	1	X	172	172	No
20	PAT Death IND	1	X	173	173	No
21	PAT Date of Death	8	X	174	181	No
22	Other Insurance IND	1	X	182	182	No
23	Claim Editing IND	1	X	183	183	No
24	Type of Claim IND	2	X	184	185	No
25	Legal Rep IND	1	X	186	186	No
26	Origin Code	9	X	187	195	No
27	Payer CLM Control NO	17	X	196	212	No
28	Provider NO	15	X	213	227	Yes
29	Claim ID NO	6	X	228	233	No
30	Filler-National	20	X	234	253	No
31	Filler-Local	67	X	254	320	No

Section: DA0 - Insurance Information Record – Payer(s) Information

Field Number	Field Name	Field Length	Type	From	To	Required?
1	Record ID	3	X	1	3	Yes
2	Sequence NO	2	N	4	5	No
3	PAT Control NO	17	X	6	22	Yes
4	Claim Filing IND	1	X	23	23	No
5	Source of Pay	1	X	24	24	Yes
6	Insurance Type Code	2	X	25	26	Yes
7	Payer Organization ID	5	X	27	31	No
8	Payer Claim Office NO	4	X	32	35	No
9	Payer Name	33	X	36	68	No
10	Group NO	20	X	69	88	No
11	Group Name	33	X	89	121	No
12	PPO/HMO IND	1	X	122	122	No
13	PPO ID	15	X	123	137	No
14	Prior Auth NO	15	X	138	152	No
15	Assign of Benefits	1	X	153	153	No
16	PAT Signature Source	1	X	154	154	No
17	PAT Rel to Insured	2	X	155	156	No
18	Insured ID NO	25	X	157	181	No
19	Insured Last Name	20	X	182	201	No
20	Insured First Name	12	X	202	213	No
21	Insured MI	1	X	214	214	No
22	Insured Generation	3	X	215	217	No
23	Insured Sex	1	X	218	218	No
24	Insured Date of Birth	8	X	219	226	No
25	Insured Empl Status	1	X	227	227	No
26	Supplemental Ins ID	1	X	228	228	No
27	Insurance Location ID	7	X	229	235	No
28	Medicaid ID NO	25	X	236	260	Yes
29	Filler-National	13	X	261	273	No
30	Filler-Local	47	X	274	320	No

Up to three Payers (DA0 records) may be submitted for each Claim. The first DA0 record will be considered the Prime Payer. Any DA0 records above three will be ignored.

Section: EA0 - Claim Detail Record - Claim Detail Level

Field Number	Field Name	Field Length	Type	From	To	Required?
1	Record ID	3	X	1	3	Yes
2	Reserved	2	X	4	5	No
3	PAT Control NO	17	X	6	22	Yes
4	Employment Related IND	1	X	23	23	No
5	Accident IND	1	X	24	24	No
6	Symptom IND	1	X	25	25	No
7	Accident/Symptom Date	8	X	26	33	No
8	Ext Cause of Accident	5	X	34	38	No
9	Responsibility IND	1	X	39	39	No
10	Accident State	2	X	40	41	No
11	Accident Hour	2	X	42	43	No
12	Abuse IND	1	X	44	44	No
13	Release of Info IND	1	X	45	45	No
14	Release of Info Date	8	X	46	53	No
15	Same/Similar Symp IND	1	X	54	54	No
16	Same/Similar Symp DT	8	X	55	62	No
17	Disability Type	1	X	63	63	No
18	Disability-From Date	8	X	64	71	No
19	Disability-To Date	8	X	72	79	No
20	Refer Provider ID No	15	X	80	94	No
21	Reserved (EAO-21.0)	25	X	95	119	No
22	Refer Provider Last	20	X	120	139	No
23	Refer Provider First	12	X	140	151	No
24	Refer Provider MI	1	X	152	152	No
25	Refer Provider State	2	X	153	154	No
26	Admission Date	8	X	155	162	Yes
27	Discharge Date	8	X	163	170	No
28	Lab IND	1	X	171	171	No
29	Lab Charges	7	N	172	178	No
30	Diagnosis Code-1	5	X	179	183	No
31	Diagnosis Code-2	5	X	184	188	No
32	Diagnosis Code-3	5	X	189	193	No
33	Diagnosis Code-4	5	X	194	198	No
34	Provider Assign IND	1	X	199	199	No
35	Provider Signature IND	1	X	200	200	No
36	Provider Signature Date	8	X	201	208	No
37	Facility/Lab Name	33	X	209	241	No
38	Documentation IND	1	X	242	242	No
39	Type of Documentation	1	X	243	243	No
40	Functnl Status Code	2	X	244	245	No
41	Special Program IND	2	X	246	247	Yes
42	Champus Nonavail IND	1	X	248	248	No
43	SUPV Provider IND	1	X	249	249	No
44	Resubmission Code	2	X	250	251	No
45	Resub Reference NO	15	X	252	266	No
46	Date Last Seen	8	X	267	274	No
47	Date Document Sent	8	X	275	282	No
48	Homebound IND	1	X	283	283	No
49	Filler-National	10	X	284	293	No
50	Filler-Local	27	X	294	320	No

Section: FA0 - Service Line Detail Record - Service Line/Procedure Level

Field Number	Field Name	Field Length	Type	From	To	Required?
1	Record ID	3	X	1	3	Yes
2	Sequence NO	2	X	4	5	No
3	PAT Control NO	17	X	6	22	Yes
4	Line Item Control NO	17	X	23	39	No
5	SVC From Date	8	X	40	47	Yes
6	SVC to Date	8	X	48	55	No
7	Place of SVC	2	X	56	57	Yes
8	Type of SVC Code	2	X	58	59	No
9	HCPCS Procedure Code	5	X	60	64	Yes
10	HCPCS Modifier 1	2	X	65	66	No
11	HCPCS Modifier 2	2	X	67	68	No
12	DMHMR Modifier 1	2	X	69	70	Yes
13	Line Charges	7	N	71	77	No
14	Diag Code Pointer1	1	X	78	78	No
15	Diag Code Pointer2	1	X	79	79	No
16	Diag Code Pointer3	1	X	80	80	No
17	Diag Code Pointer4	1	X	81	81	No
18	Units of SVC	4	N	82	85	Yes
19	Anesthesia/Oxygen Min	4	N	86	89	No
20	Emergency IND	1	X	90	90	No
21	COB IND	1	X	91	91	No
22	HPSA IND	1	X	92	92	No
23	Rendering Professional ID	15	X	93	107	Yes
24	Referring Professional ID	15	X	108	122	No
25	Referring Provider State	2	X	123	124	No
26	Pur SVC IND	1	X	125	125	No
27	Disallowed Cost Cont	7	N	126	132	No
28	Disallowed other	7	N	133	139	No
29	Review By Code Ind	1	X	140	140	No
30	Multi Procedure IND	1	X	141	141	No
31	Mammography Cert NO	10	X	142	151	No
32	Class Findings	9	X	152	160	No
33	Podiatry SVC Cond	3	X	161	163	No
34	Clia ID NO	15	X	164	178	No
35	Primary Paid Amount	7	N	179	185	No
36	DMHMR Modifier 2	2	X	186	187	No
37	Provider Specialty	3	X	188	190	No
38	Podiatry Therapy IND	1	X	191	191	No
39	Podiatry Therapy Type	1	X	192	192	No
40	Hospice Employed Prov Ind	1	X	193	193	No
41	HGB/HCT Date	8	X	194	201	No
42	HGB Result	3	N	202	204	No
43	HCT Result	2	N	205	206	No
44	Patient Weight	3	N	207	209	No
45	EPO Dosage	3	N	210	212	No
46	Serum Creatine Date	8	X	213	220	No
47	Creatine Result	3	N	221	223	No
48	Obligation Accept Amt	7	N	224	230	No
49	Drug Discount AMT	7	N	231	237	No
50	Filler-National	83	X	238	320	No

Section: XA0 - Claim Trailer Record - Claim Totals

Field Number	Field Name	Field Length	Type	From	To	Required?
1	Record ID	3	X	1	3	Yes
2	Reserved (XAO-02.0)	2	X	4	5	No
3	PAT Control NO	17	X	6	22	Yes
4	Record CXX Count	2	N	23	24	No
5	Record DXX Count	2	N	25	26	No
6	Record EXX Count	2	N	27	28	No
7	Record FXX Count	2	N	29	30	No
8	Record GXX Count	2	N	31	32	No
9	Record HXX Count	2	N	33	34	No
10	Claim Record Count	3	N	35	37	No
11	Reserved (XAO-11.0)	40	X	38	77	No
12	Total Claim Discharges	7	N	78	84	No
13	Total Disl Cost Cont CHGS	7	N	85	91	No
14	Total Disl Other Charges	7	N	92	98	No
15	Total Allowed Amt	7	N	99	105	No
16	Total Deductible Amount	7	N	106	112	No
17	Total Coinsurance Amount	7	N	113	119	No
18	Total Payer Amount Paid	7	N	120	126	No
19	Patient Amount Paid	7	N	127	133	No
20	Total Purchase SVC Charges	7	N	134	140	No
21	Prov Discount Information	16	X	141	156	No
22	Remarks	103	X	157	259	No
23	Filler-National	31	X	260	290	No
24	Filler-Local	30	X	320	320	No

Section: YA0 - Batch Trailer Record - Batch Totals

Field Number	Field Name	Field Length	Type	From	To	Required?
1	Record ID	3	X	1	3	Yes
2	DMHMRS Provider ID	15	X	4	18	No
3	Batch Type	3	X	19	21	No
4	Batch NO	4	N	22	25	No
5	Batch ID	6	X	26	31	No
6	Prov Tax ID	9	X	32	40	No
7	Reserved (YAO-07.0)	6	X	41	46	No
8	Batch SVC Line Count	7	N	47	53	No
9	Batch Record Count	7	N	54	60	No
10	Batch Claim Count	7	N	61	67	No
11	Batch Total Charges	9	N	68	76	No
12	Filler-National	121	X	77	197	No
13	Filler-Local	123	X	198	320	No

Section: ZA0 - File Trailer Record - File Totals

Field Number	Field Name	Field Length	Type	From	To	Required?
1	Record ID	3	X	1	3	Yes
2	Submitter ID	16	X	4	19	No
3	Reserved (ZAO-03.0)	9	X	20	28	No
4	Receiver ID	16	X	29	44	No
5	File SVC Line Count	7	N	45	51	No
6	File Record Count	7	N	52	58	No
7	File Claim Count	7	N	59	65	No
8	Batch Count	4	N	66	69	No
9	File Total Charges	11	N	70	80	No
10	Filler-National	120	X	81	200	No
11	Filler-Local	120	X	201	320	No

Event (Claim File) Data Set File Layout

Seq	Field Name * = Key field-	Type Size	NFS Field ID	HIPPA Field ID / loop	Edits	Errors
01	* Region Number	char 2	BA0-01		From input file ID (pos 1-2), must match valid region else reject entire batch	F
02	* PAT Control NO (client ID)	char 9	CA0-03	NM109 2010BA	If blank or not 9 char, then Fatal & reject claim; must match Client table else General	F/G
03	* Claim Number	char 6			System generated incremental number set to "1" at each CA0	
04	* SVC From Date	date	FA0-03	DTP03 2400	Valid date before today else reject service	F
05	* DMHMRS Modifier 1	char 2	FA0-12	NTE02 2400	Must match a valid code; if Prime-Payer = Y, then F - reject service; else G	F/G A/C
06	* Provider NO	char 15	CA0-28	NTE02 2400	Must match Providers table else reject claim (if client status = 2, G error)	F/G A
07	* Rendering Professional ID	char 15	FA0-23	NTE02 2400	May be "999999" or must match HR table else set to 15 zeros	G A
08	* Place of SVC	char 2	FA0-07	SV105 2400	Must match a valid code else set to "98"	G A/C
09	System Reporting Date	date			From input file ID (pos 3-6 - mm/01/yy), must be before today else reject batch	F
10	Claim ID Number	char 6	CA0-29		Must be numeric else set to "000000"	G
11	Last Name	char 20	CA0-04		(not used) Set to blank	
12	First Name	char 12	CA0-05		(not used) Set to blank	
13	Date of Birth	date	CA0-08		(not used) Set to "99999998"	
14	Sex	char 1	CA0-09		(not used) Set to "8"	
15	Claim Filing Ind 1	char 1	DA0-04		(not used) no edit	
16	* Source of Pay 1 (Prime Payer)	char 1	DA0-05	SBR09 / NTE02 2000B / 2400	Must match a valid code else change to "8"	G C
17	Claim Filing Ind 2	char 1	DA0-04		(not used) no edit	
18	Source of Pay 2	char 1	DA0-05		May be blank or match a valid code else change to "8"	G
19	Claim Filing Ind 3	char 1	DA0-04		(not used) no edit	

20	Source of Pay 3	char 1	DA0-05		<u>May be blank</u> or match a valid code else change to "g"	G
21	Admission Date	date	EA0-26	DTP03 2300	Before today; may be blank if client status 2 else set to "00000000"	G A
22	Discharge Date	date	EA0-27	DTP03 2300	(not used) no edit	
23	Diagnosis Code 1	char 5	EA0-30	HI01(2) 2300	Must match ICD-9 table else set to "00000"	G A
24	Diagnosis Code 2	char 5	EA0-31	HI02(2) 2300	<u>May be blank</u> or must match ICD-9 table else set to "00000"	G A
25	Diagnosis Code 3	char 5	EA0-32	HI03(2) 2300	<u>May be blank</u> or must match ICD-9 table else set to "00000"	G A
26	Diagnosis Code 4	char 5	EA0-33	HI04(2) 2300	<u>May be blank</u> or must match ICD-9 table else set to "00000"	G A
27	Special Program IND	char 2	EA0-41	NTE02 2400	Must match a valid code else set to "98"	G A/C
28	Line Item Control NO	char 17	FA0-04		No edit	
29	SVC To Date	date	FA0-06	DTP03 2400	<u>May be blank</u> or before today and after Svc from else set to "00000000"	G A
30	HCPCS Procedure Code	char 5	FA0-09	SV101(2) 2400	If Prime-Payer = "Y" - may be blank, match DMHMRS Modifier or CPT code If Prime-Payer = "D" - must be valid Medicaid code If Prime_Payer other than D/Y - must match CPT code else set to "99998"	G A
31	HCPCS Modifier 1	char 2	FA0-10		(not used) no edit	
32	HCPCS Modifier 2	char 2	FA0-11		(not used) no edit	
33	Line Charges	num 7	FA0-13		(not used) no edit	
34	Diag Code Pointer 1	char 1	FA0-14		(not used) no edit	
35	Diag Code Pointer 2	char 1	FA0-15		(not used) no edit	
36	Diag Code Pointer 3	char 1	FA0-16		(not used) no edit	
37	Diag Code Pointer 4	char 1	FA0-17		(not used) no edit	
38	Units of SVC	num 4	FA0-18	SV104 2400	Must be numeric else set to "0000"	G A/C
39	Referring Professional ID	char 15	FA0-24		(not used) no edit	
40	DMHMRS Modifier 2	char 2	FA0-36		(not used) no edit	

41	Medicaid ID NO	char 25	DA0-28	SBR03 2000B	If Prime-Payer = "D" may not be blank, may be anything else set to blanks	G A
42	DA0 Filler Local	char 5			no edit	
43	Insure Type Code	char 2	DA0-06	NTE02 2400	If Prime-Payer = "D" must match valid code If Prime-Payer = "Y" must be 01 or OT or 99 otherwise anything else set to "98"	G A

Note: Input records completely replace existing records for matching Year, Month.

Under the Error column;

F = Fatal error - field vital to record, entire record rejected, no further edit checks are performed
G = General error - invalid value, data recorded for reporting purposes, value changed to Unknown / Not Collected code

NOTE: NOT counted in completeness accumulation

P = Possible problem - value in this field should be reviewed as it is outside normal bounds or is in conflict with another field

A = Accuracy - this field checked for accurate values

C = Completeness - this field checked against Unknown / Not Collected code

NOTES:

- Program checks for correct sequence of AA0 thru ZA0 records and ignores any out of sequence
- if region # in claim record (CA0) does not match the region number for the batch, the claim is rejected (CA0 thru XA0 Series)
- if the client ID in the Payer record (DA0) does not match client ID in the Claim record, claim is rejected. (CA0 thru XA0 Series)
- if the client ID in the Claim Detail record (EA0) does not match the client ID in the Claim record, the claim is rejected. (CA0 thru XA0 Series)
- if the client ID in the Service (Event) Detail record (FA0) does not match the client ID in the Claim record, the service is rejected. (FA0 Record)
- Only one AA0 / ZA0 record 'envelope' per run
- Multiple (normally only one) BA0 / YA0 record 'envelopes' within AA0 / ZA0
- Multiple CA0 / XA0 record 'envelopes' within BA0 / YA0
- Multiple (normally only one, maximum of three) DA0 records following CA0
- Only one EA0 record following the DA0 record(s)
- Multiple FA0 records following the EA0 record
- Any records out of sequence or beyond the allowed number are ignored

If number of inaccurate fields/ total fields considered > 5% then Accuracy = FAIL

If total unacceptable fields / total acceptable fields > 5%, then Acceptance = FAIL

If the number of actual incomplete fields / possible incomplete > 5% for ANY of the fields considered for Completeness, then Completeness = FAIL

If submission received after the end of the month following the month for which the data applies, then Timeliness = FAIL

File Header Record - Submitter

Record ID: AA0

Level: FILE

Purpose: The first record of any file submission, it contains information pertinent to the submitter of the claim file. A submitter could be a CMHC or its service bureau. The information contained in this record will be a determining factor in processing of the claims.

Requirements: REQUIRED

AA0-1. Record ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
1	3	X	1	3

Description: Field used to identify record type AA0.

Required?: Yes

Error Action: Fatal, Reject file.

Valid Codes: AA0.

AA0-2. Submitter ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
2	16	X	4	19

Description: The unique identifier for the submitting agency as specified by DMHMRS. At this time, this will be the region number. If there comes a time when an agency would like to submit encounters for multiple regions in one file, the use of this field will be reviewed.

Required?: Unused

Error Action: Unused

Valid Codes: Region number

AA0-3. Reserved

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
3	9	X	20	28

Description: Unused

AA0-4. Submission Type

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
4	6	X	29	34

Description: Identifies the type of submission. The only option here is asynchronous(ASY).

Required?: No

Error Action: Unused

Valid Codes: ASY

AA0-5. Submission Number

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
5	6	X	35	40

Description: Number assigned by submitter to identify submission.

Required?: No

Error Action: N/A

AA0-6. Submitter Name

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
6	33	X	41	73

Description: The name of the authorized submitter.

Required?: No

Error Action: Unused

AA0-7. Submitter Address 1

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
7	30	X	74	103

Description: The first line of the street address for the submitter.

Required?: No

Error Action: Unused

AA0-8. Submitter Address 2

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
8	30	X	104	133

Description: The second line of the street address for the submitter (if needed).

Required?: No

Error Action: Unused

AA0-9. Submitter City

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
9	20	X	134	153

Description: The city of the submitting agency.

Required?: Unused

Error Action: Unused

AA0-10. Submitter State

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
10	2	X	154	155

Description: The state of the submitting agency.

Required?: Unused

Error Action: Unused

AA0-11. Submitter Zip Code

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
11	9	X	156	164

Description: The zip code of the submitting agency.

Required?: Unused

Error Action: Unused

AA0-12. Submitter Region

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
12	5	X	165	169

Description: The region of the submitting agency.

Required?: Unused

Error Action: Unused

AA0-13. Submitter Contact

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
13	33	X	170	202

Description: Identifies the individual responsible for issues that may arise concerning this submission.

Required?: Unused

Error Action: Unused

AA0-14. Submitter Phone

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
14	10	X	203	212

Description: The phone number of the individual identified in field 13.

Required?: Unused

Error Action: Unused

AA0-15. Creation Date

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
15	8	N	213	220

Description: The date the submitted file was created.

Required?: Unused

Error Action: Unused

AA0-16. Submission Time

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
16	6	N	221	226

Description: The time of the day the file is submitted.

Required?: Unused

Error Action: Unused

Valid Codes: Must be in the format HHMMSS (military time)

AA0-17. Receiver ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
17	16	X	227	242

Description: Identifies the receiver of the submission. Only option is DMHMRS.

Required?: Unused

Error Action: Unused

Valid Codes: DMHMRS

AA0-18. Receiver Type Code

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
18	1	X	243	243

Description: Unused

AA0-19. Version Code - National

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
19	5	X	244	248

Description: Indicates the version of the format used. This is currently 00200.

Required?: Unused

Error Action: Unused

Valid Codes: 00200

AA0-20. Version Code - Local

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
20	5	X	249	253

Description: Indicates the version of the format used. This is currently 00200.

Required?: Unused

Error Action: Unused

Valid Codes: 00200

AA0-21. Test/Prod Indicator

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
21	4	X	254	257

Description: Code indicating whether the file is to be used for test or production purposes.

Required?: Unused

Error Action: Unused

Valid Codes: TEST or PROD

AA0-22. Password

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
22	8	X	258	265

Description: Unused

AA0-23. Retransmission Status

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
23	1	X	266	266

Description: Code indicating the type of transmission for this file.

Required?: Unused

Error Action: Unused

Valid Codes:

0	Normal Transmission
8	Non-Chargeable Retransmission
9	Chargeable Retransmission

AA0-24. Original Submitter ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
24	16	X	267	282

Description: Identifies the original submitter of claims. Only to be used if the submitting CMHC submitted to an intermediary organization which then transferred the data to DMHMRS.

Required?: Unused

Error Action: Unused

AA0-25. Vendor App Cat

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
25	1	X	283	283

Description: Unused

AA0-26. Vendor Software Version

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
26	5	X	284	288

Description: Unused

AA0-27. Vendor Software Update

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
27	2	X	289	290

Description: Unused

AA0-28. Filler - National

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
28	2	X	291	292

Description: Unused

AA0-29. Filler - Local

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
29	28	X	293	320

Description: Unused

Batch Header Record - Provider

Record ID: BA0

Level: BATCH

Purpose: To identify and provide information regarding the provider of services indicated in this batch.

Requirements: REQUIRED

BA0-1. Record ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
1	3	X	1	3

Description: Field used to identify record type BA0.

Required?: Yes

Error Action: Fatal, Reject batch.

Valid Codes: BA0

BA0-2. DMHMRS Region ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
2	15	X	4	18

Description: The unique code assigned to the provider for DMHMRS identification purposes. This will be the Region number.

Required?: Unused

Error Action: Unused

Valid Codes:

01	Four Rivers (Western KY)	09	**Region 07 - Transitions **
02	Pennyroyal	10	Pathways
03	River Valley (Green River)	11	Mountain
04	Lifeskills	12	Kentucky River
05	Communicare	13	Cumberland River
06	Seven Counties	14	Adanta
07	Northkey (Northern Kentucky)	15	Bluegrass
08	Comprehend	16	**Region 06 – Healing Place**

BA0-3. Batch type

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
3	3	X	19	21

Description: Unused

BA0-4. Batch No

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
4	4	N	22	25

Description: Batch increment within file.

Required?: Unused

Error Action: Unused

Valid Codes: Increment number (zero filled). The first batch must be 0001.

BA0-5. Batch ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
5	6	X	26	31

Description: Unused

BA0-6. Provider Tax ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
6	9	X	32	40

Description: The federally assigned Tax Identification Number (TIN) of the provider. This is the Employer Identification Number (EIN) of the CMHC.

Required?: Unused

Error Action: Unused

BA0-7. Reserved

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
7	6	X	41	46

Description: Unused

BA0-8. Provider Tax ID Type

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
8	1	X	47	47

Description: A code which identifies the type of Provider Tax ID entered in BA0-6.

Required?: Unused

Error Action: Unused

Valid Codes: E

BA0-9. Provider Medicare NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
9	15	X	48	62

Description: The number assigned to the provider by the Medicare Payer for Medicare identification purposes.

Required?: Unused

Error Action: Unused

BA0-10. Provider Upin-Usin ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
10	6	X	63	68

Description: Unused

BA0-11. Reserved (BA0-11.0)

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
11	6	X	69	74

Description: Unused

BA0-12. Provider Medicaid NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
12	15	X	75	89

Description: The number assigned to the provider by a Medicaid state agency for identification purposes.

Required?: Unused

Error Action: Unused

BA0-13. Provider Champus NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
13	15	X	90	104

Description: Unused

BA0-14. Provider Blue Shield NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
14	15	X	105	119

Description: Unused

BA0-15. Provider Commercial NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
15	15	X	120	134

Description: Unused

BA0-16. Provider NO 1

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
16	15	X	135	149

Description: Reserved for future use.

BA0-17. Provider NO 2

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
17	15	X	150	164

Description: Reserved for future use.

BA0-18. Organization Name

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
18	33	X	165	197

Description: The name of the group or organization submitting this batch of encounters.

Required?: Unused

Error Action: Unused

BA0-19. Provider Last Name

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
19	20	X	198	217

Description: Unused

BA0-20. Provider First Name

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
20	12	X	218	229

Description: Unused

BA0-21. Provider MI

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
21	1	X	230	230

Description: Unused

BA0-22. Provider Specialty

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
22	3	X	231	233

Description: Unused

BA0-23. Specialty License NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
23	15	X	234	248

Description: Unused

BA0-24. State License NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
24	15	X	249	263

Description: Unused

BA0-25. Dentist License NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
25	15	X	264	278

Description: Unused

BA0-26. Anesthesia License NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
26	15	X	279	293

Description: Unused

BA0-27. Filler-National

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
27	13	X	294	306

Description: Unused

BA0-28. Filler-Local

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
28	14	X	307	320

Description: Unused

Claim Header Record - Patient

Record ID: CA0

Level: CLAIM

Purpose: To identify and provide information regarding the patient who received the services indicated in the claim.

Requirements: REQUIRED

CA0-1. Record ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
1	3	X	1	3

Description: Field used to identify record type CA0.

Required?: Yes

Error Action: Fatal, Reject claim.

Valid Codes: CA0

CA0-2. Reserved

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
2	2	X	4	5

Description: Unused

CA0-3. PAT Control NO / Client ID Number

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
3	17	X	6	22

Description: Identifies client to the database using a unique identifier. This is the encrypted SSN using the established encryption methodology. See Client ID Encryption Protocol.

Required?: Yes

Error Action: If blank or not 9 characters in length, then Fatal, Reject claim.
If not match Client ID in Client Data Set, General error

Valid Codes: Must match Client ID in Client Data Set.

CA0-4. PAT Last Name

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
4	20	X	23	42

Description: Patient last name.

Required?: Unused

Error Action: Unused

CA0-5. PAT First Name

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
5	12	X	43	54

Description: Patient first name.

Required?: Unused

Error Action: Unused

CA0-6. PAT MI

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
6	1	X	55	55

Description: Patient middle initial.

Required?: Unused

Error Action: Unused

CA0-7. PAT Generation

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
7	3	X	56	58

Description: Unused

CA0-8. PAT Date of Birth

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
8	8	X	59	66

Description: The date the patient was born.

Required?: Unused

Error Action: Unused

CA0-9. PAT Sex

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
9	1	X	67	67

Description: The patient's gender.

Required?: Unused

Error Action: Unused

CA0-10. PAT Type of Residence

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
10	1	X	68	68

Description: Unused

CA0-11. PAT ADDR1

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
11	30	X	69	98

Description: Unused

CA0-12. PAT ADDR2

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
12	30	X	99	128

Description: Unused

CA0-13. PAT City

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
13	20	X	129	148

Description: Unused

CA0-14. PAT State

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
14	2	X	149	150

Description: Unused

CA0-15. PAT Zip

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
15	9	X	151	159

Description: Unused

CA0-16. PAT Phone

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
16	10	X	160	169

Description: Unused

CA0-17. PAT Marital Status

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
17	1	X	170	170

Description: Unused

CA0-18. PAT Student Status

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
18	1	X	171	171

Description: Unused

CA0-19. PAT Employment Status

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
19	1	X	172	172

Description: Unused

CA0-20. PAT Death IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
20	1	X	173	173

Description: Unused

CA0-21. PAT Date of Death

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
21	8	X	174	181

Description: Unused

CA0-22. Other Insurance IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
22	1	X	182	182

Description: Unused

CA0-23. Claim Editing IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
23	1	X	183	183

Description: Unused

CA0-24. Type of Claim IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
24	2	X	184	185

Description: Unused

CA0-25. Legal Rep IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
25	1	X	186	186

Description: Unused

CA0-26. Origin Code

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
26	9	X	187	195

Description: Unused

CA0-27. Payer CLM Control NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
27	17	X	196	212

Description: Unused

CA0-28. Provider NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
28	15	X	213	227

Description: Most of the time, a Provider designates a specific address where services are performed. However, there may be several 'Providers' at the same address when multiple programs are housed at that address and the Regions want to use the Provider Site ID as a method to separate the services. Also, some services may be performed at homes, schools, courts or other non-regional sites. A Provider Site ID may be established to help identify a specific service and the address used may be the 'home' address of the service or the staff member providing the service. See Appendix A.

Required?: Yes

Error Action: 1. If Client Field 6 – Client Status Code = 1, Fatal, reject claim.
2. If Client Field 6 – Client Status Code = 2, General Error reported, code changed to 999998 in database.

Valid Codes: Provider NO must be within the reporting Region. See Appendix A

CA0-29. Claim ID NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
29	6	X	228	233

Description: Unique number assigned to claim by submitter.

Required?: Unused

Error Action: If non-numeric code, General error reported, field set to 0 in database.

Valid Codes: Numeric value zero filled.

CA0-30. Filler-National

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
30	20	X	234	253

Description: Unused

CA0-31. Filler-Local

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
31	67	X	254	320

Description: Unused

Insurance Information Record - Payer

Record ID: DA0

Level: CLAIM

Purpose: To identify the Payer(s) involved with and/or having liability for the resolution of this claim.

Requirements: REQUIRED

DA0-1. Record ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
1	3	X	1	3

Description: Field used to identify record type DA0.

Required?: Yes

Error Action: Unused

Valid Codes: DA0

DA0-2. Sequence NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
2	2	N	4	5

Description: A numeric value from 01 through 03 used to sequence the "DA0" records and to associate "DA0" records with "DA1" and "DA2" records.

Required?: Unused

Error Action: Unused

Valid Codes: Numeric value between 01 and 03

Note: First DA0 record becomes "prime payer"

DA0-3. PAT Control NO / Client ID Number

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
3	17	X	6	22

Description: Identifies client to the database using a unique identifier. This is the encrypted SSN using the established encryption methodology. See Client ID Encryption Protocol.

Required?: Yes

Error Action: Fatal, Reject claim

Valid Codes: Must match Client ID in Field CA0-3 – PAT Control No.

DA0-4. Claim Filing IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
4	1	X	23	23

Description: A code indicating whether or not this record is being provided in order to obtain payment from the indicated Payer or for informational purposes only.

Required?: Unused

Error Action: Unused

Valid Codes:

P	Payment is being requested of this Payer. "P" also indicates that a payment request is being made to only one Payer.
M	Payment is being requested of this payer. "M" also indicates that payment requests are being made to more than one payer at the same time.
I	Payment is not being requested of this Payer. Information is to be used for informational purposes only (to indicate information on a secondary Payer).

DA0-5. Source of Pay (Payer)

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
5	1	X	24	24

Description: A national code identifying the payment source for this claim for the indicated Payer.

Required?: Yes

Error Action: General error reported and field set to "8"

Valid Codes:	<u>HIPAA</u>	<u>NSF</u>	<u>Description</u>
	09	A	SELF PAY
	WC	B	WORKER'S COMPENSATION
	MB	C	MEDICARE
	MC	D	MEDICAID
	OF	E	OTHER FEDERAL PROGRAM
	CI	F	COMMERCIAL INSURANCE COMPANY
	BL	G	BLUE CROSS / BLUE SHIELD
	CH	H	CHAMPUS
	HM	I	HMO
		J	FEDERAL EMPLOYEE'S PROGRAM (FEP)
	10	K	CENTRAL CERTIFICATION
		L	SELF ADMINISTERED
		M	FAMILY or FRIENDS
		N	MANAGED CARE - NON-HMO
	BL	P	BLUE CROSS
	TV	T	TITLE V
	VA	V	VETERANS' ADMINISTRATION PLAN
	12	X	PPO
	*	Y	DMHMRS
	ZZ	Z	OTHER
		8	UNKNOWN / NOT COLLECTED

* indicated by a "1" in column 1 of NTE02

NOTE: The Source of Pay in the first DA0 record is considered to be the Primary Payer.

NOTE: Only the first three DA0 records are considered, only one is required.

DA0-6. Insurance Type Code

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
6	2	X	25	26

Description: Identifies the type of insurance (policy).

Required?: Yes, if field DA0-5 – Source of Pay = D or Y.

Error Action: If field DA0-5 – Source of Pay = D or Y and this field is invalid, General error reported and field set to 98 in database.

Valid Codes: The following codes may be used if DA0-5 Source of Pay is “D” (Medicaid)

01	Title XIX Fee for Service
02	IMPACT Plus
03	Supports for Community Living
04	Acquired Brain Injury
05	Substance Abuse Pregnant Women
06	KCHIP
99	Other

The following codes may be used if DA0-5 Source of Pay is “Y” (DMHMRS)

01	IFBSS
99	Other
OT	Other

DA0-7. Payer Organization ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
7	5	X	27	31

Description: The identification number for the Payer.

The Payer ID (DA0-07.0) will identify the insurance company or government agency which has been identified as having some liability for payment on this claim.

Required?: Unused

Error Action: Unused

Valid Codes: Must be a valid code from the destination code listing (yet to be provided).

DA0-8. Payer Claim Office NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
8	4	X	32	35

Description: Unused

DA0-9. Payer Name

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
9	33	X	36	68

Description: The receiving organization name.

Required?: Unused

Error Action: Unused

Valid Codes: DMHMRS

DA0-10. Group NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
10	20	X	69	88

Description: Unused

DA0-11. Group Name

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
11	33	X	89	121

Description: Unused

DA0-12. PPO/HMO IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
12	1	X	122	122

Description: Unused

DA0-13. PPO ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
13	15	X	123	137

Description: Unused

DA0-14. Prior Auth NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
14	15	X	138	152

Description: Unused

DA0-15. Assign of Benefits

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
15	1	X	153	153

Description: Unused

DA0-16. PAT Signature Source

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
16	1	X	154	154

Description: Unused

DA0-17. PAT Rel to Insured

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
17	2	X	155	156

Description: Unused

DA0-18. Insured ID NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
18	25	X	157	181

Description: Unused

DA0-19. Insured Last Name

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
19	20	X	182	201

Description: Unused

DA0-20. Insured First Name

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
20	12	X	202	213

Description: Unused

DA0-21. Insured MI

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
21	1	X	214	214

Description: Unused

DA0-22. Insured Generation

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
22	3	X	215	217

Description: Unused

DA0-23. Insured Sex

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
23	1	X	218	218

Description: Unused

DA0-24. Insured Date of Birth

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
24	8	X	219	226

Description: Unused

DA0-25. Insured Empl Status

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
25	1	X	227	227

Description: Unused

DA0-26. Supplemental Ins ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
26	1	X	228	228

Description: Unused

DA0-27. Insurance Location ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
27	7	X	229	235

Description: Unused

DA0-28. Medicaid ID NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
28	25	X	236	260

Description: If Source of Pay is D - Medicaid, this specifies the Medicaid Provider ID.

Required?: Yes

Error Action: If DA0-5 Source of Pay is D, if this field is blank or null, General Error reported.

Valid Codes: Must be a valid Medicaid Provider ID.

DA0-29. Filler-National

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
29	13	X	261	273

Description: Unused

DA0-30. Filler-Local

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
30	47	X	274	320

Description: Unused

Claim Detail Record - Claim Level

Record ID: EA0

Level: CLAIM

Purpose: To identify claim level information.

Requirements: REQUIRED

EA0-1. Record ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
1	3	X	1	3

Description: Field used to identify record type EA0.

Required?: Yes

Error Action: Fatal, Reject claim.

Valid Codes: EA0

EA0-2. Reserved

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
2	2	X	4	5

Description: Unused

EA0-3. PAT Control NO / Client ID Number

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
3	17	X	6	22

Description: Identifies client to the database using a unique identifier. This is the encrypted SSN using the established encryption methodology. See Client ID Encryption Protocol.

Required?: Yes

Error Action: Fatal, Reject claim.

Valid Codes: Must match Client ID in Field CA0-3 – PAT Control No.

EA0-4. Employment Related IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
4	1	X	23	23

Description: Unused

EA0-5. Accident IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
5	1	X	24	24

Description: Unused

EA0-6. Symptom IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
6	1	X	25	25

Description: Unused

EA0-7. Accident/Symptom Date

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
7	8	X	26	33

Description: Unused

EA0-8. Ext Cause of Accident

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
8	5	X	34	38

Description: Unused

EA0-9. Responsibility IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
9	1	X	39	39

Description: Unused

EA0-10. Accident State

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
10	2	X	40	41

Description: Unused

EA0-11. Accident Hour

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
11	2	X	42	43

Description: Unused

EA0-12. Abuse IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
12	1	X	44	44

Description: Unused

EA0-13. Release of Info IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
13	1	X	45	45

Description: Unused

EA0-14. Release of Info Date

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
14	8	X	46	53

Description: Unused

EA0-15. Same/Similar Symp IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
15	1	X	54	54

Description: Unused

EA0-16. Same/Similar Symp DT

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
16	8	X	55	62

Description: Unused

EA0-17. Disability Type

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
17	1	X	63	63

Description: Unused

EA0-18. Disability-From Date

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
18	8	X	64	71

Description: Unused

EA0-19. Disability-To Date

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
19	8	X	72	79

Description: Unused

EA0-20. Refer Provider ID No

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
20	15	X	80	94

Description: Unused

EA0-21. Reserved

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
21	25	X	95	119

Description: Unused

EA0-22. Refer Provider Last

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
22	20	X	120	139

Description: Unused

EA0-23. Refer Provider First

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
23	12	X	140	151

Description: Unused

EA0-24. Refer Provider MI

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
24	1	X	152	152

Description: Unused

EA0-25. Refer Provider State

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
25	2	X	153	154

Description: Unused

EA0-26. Admission Date

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
26	8	X	155	162

Description: Date when the client receives first direct service of this episode.

Required?: Yes

Error Action: If Field 6 – Client Status in the Client Data set is 1 and this field is blank or invalid, General Error reported. If Field 6 – Client Status = 2, this field may be left blank.

Valid Codes: Any date in the format YYYYMMDD. Must be less than or equal to submission date.

EA0-27. Discharge Date

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
27	8	X	163	170

Description: Date when the client's chart was closed, if applicable.

Required?: Unused

Error Action: Unused

Valid Codes: Any date in the format YYYYMMDD.

Special Instructions: May be left blank if not applicable.

NOTE: This field will not be edited beginning with the data for Fiscal Year 2004.

EA0-28. Lab IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
28	1	X	171	171

Description: Unused

EA0-29. Lab Charges

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
29	7	N	172	178

Description: Unused

EA0-30. Diagnosis Code-1

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
30	5	X	179	183

Description: An ICD-9 Diagnosis Code identifying a diagnosed medical condition resulting in a line item service.

Required?: Yes

Error Action: Blank or invalid code generates a General Error, Code set to "00000" in database.

Valid Codes: A valid ICD-9 code. No decimal points included.

EA0-31. Diagnosis Code-2

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
31	5	X	184	188

Description: An ICD-9 Diagnosis Code identifying a diagnosed medical condition resulting in a line item service.

Required?: Optiona

Error Action: If invalid, General Error reported and field set to "00000" in database.

Valid Codes: A valid ICD-9 code, no decimal points included, '000000', or null.

EA0-32. Diagnosis Code-3

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
32	5	X	189	193

Description: An ICD-9 Diagnosis Code identifying a diagnosed medical condition resulting in a line item service.

Required?: Optional

Error Action: If invalid, General Error reported and field set to "00000" in database

Valid Codes: A valid ICD-9 code, no decimal points included, '000000', or null.

EA0-33. Diagnosis Code-4

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
33	5	X	194	198

Description: An ICD-9 Diagnosis Code identifying a diagnosed medical condition resulting in a line item service.

Required?: Optional

Error Action: If invalid, General Error reported and field set to "00000" in database

Valid Codes: A valid ICD-9 code, no decimal points included, '000000', or null.

EA0-34. Provider Assign IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
34	1	X	199	199

Description: A code indicating whether the provider accepts assignment.

Required?: Unused

Error Action: Unused

Valid Codes:

A	Assigned
N	Not assigned
B	Assignment accepted on Clinical Lab services only.
P	Patient refuses to assign benefits

EA0-35. Provider Signature IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
35	1	X	200	200

Description: The signature of the provider acknowledging the performance of service(s) and authorizing payment is on file in the provider's office.

Required?: Unused

Error Action: Unused

Valid Codes:

Y	Signature of provider is on file.
N	Signature of provider is not on file.

EA0-36. Provider Signature Date

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
36	8	X	201	208

Description: Date of the provider's signature.

Required?: Unused

Error Action: Unused

Valid Codes: Any date in the format YYYYMMDD.

EA0-37. Facility/Lab Name

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
37	33	X	209	241

Description: Unused

EA0-38. Documentation IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
38	1	X	242	242

Description: Unused

EA0-39. Type of Documentation

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
39	1	X	243	243

Description: Unused

EA0-40. Functnl Status Code

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
40	2	X	244	245

Description: Unused

EA0-41. Special Program IND / Program Code

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
41	2	X	246	247

Description: A code indicating the Special Program under which the services rendered to the patient were performed.

Required?: Yes

Error Action: Invalid or blanks generate General Error. Field is set to 98 in database.

Valid Codes:

HIPAA

	<u>Mental Health</u> (any code beginning with "1" is a MH code)
110	10 Sexual/Domestic Violence Victim
111	11 Sexual/Domestic Violence Perpetrator
112	12 Adult with SMI (Severe or Chronic mental illness)
113	13 Other Adult
114	14 IMPACT Children
115	15 Other SED Children
116	16 Other Children
117	17 Consultation and Education
100	19 General MH code (allows conversion from 3-digit coding in HIPAA format)
	<u>Mental Retardation</u> (any code beginning with "2" is a MR code)
220	20 All
221	21 Early Intervention
200	29 General MR code (allows conversion from 3-digit coding in HIPAA format)
	<u>Alcohol</u> (any code beginning with "3" or "4" is a SA code)
330	30 Pregnant Women/Women with Dependent Children
331	31 DUI
332	32 Other Alcohol
	33 Deleted in 2001
300	39 General Alcohol code (allows conversion from 3-digit coding in HIPAA format)
	<u>Drug</u> (any code beginning with "3" or "4" is a SA code)
440	40 Pregnant Women/Women with Dependent Children
441	41 DUI
442	42 Other Drug
	43 Deleted in 2001
400	49 General Drug code (allows conversion from 3-digit coding in HIPAA format)
998	98 Other/Unknown (This should rarely be used)

EA0-42. Champus Nonavail IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
42	1	X	248	248

Description: Unused

EA0-43. SUPV Provider IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
43	1	X	249	249

Description: Unused

EA0-44. Resubmission Code

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
44	2	X	250	251

Description: Reserved for future use.

EA0-45. Resub Reference NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
45	15	X	252	266

Description: Reserved for future use.

EA0-46. Date Last Seen

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
46	8	X	267	274

Description: Unused

EA0-47. Date Document Sent

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
47	8	X	275	282

Description: Unused

EA0-48. Homebound IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
48	1	X	283	283

Description: Unused

EA0-49. Filler-National

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
49	10	X	284	293

Description: Unused

EA0-50. Filler-Local

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
50	27	X	294	320

Description: Unused

Service Line Detail Record - Root

Record ID: FA0

Level: CLAIM - ROOT SEGMENT

Purpose: To provide information related to the medical/dental services rendered to the patient by the provider.

Requirements: REQUIRED

FA0-1. Record ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
1	3	X	1	3

Description: Field used to identify record type FA0.

Required?: Yes

Error Action: Fatal, Reject claim.

Valid Codes: FA0

FA0-2. Sequence NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
2	2	X	4	5

Description: This is the record sequence number of the Service Line Detail Record. Begin with "01" and increment for each FA0 record within this claim. There is a limit of 15 FA0 records within a claim.

Required?: Unused

Error Action: Unused.

Valid Codes: 01-15

FA0-3. PAT Control NO / Client ID Number

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
3	17	X	6	22

Description: Identifies client to the database using a unique identifier. This is the encrypted SSN using the established encryption methodology. See Client ID Encryption Protocol.

Required?: Yes

Error Action: Fatal, Reject Service.

Valid Codes: Must match Client ID in Field CA0-3 – PAT Control No.

FA0-4. Line Item Control NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
4	17	X	23	39

Description: Optional - May be used to identify records to aid in error reporting.

FA0-5. SVC From Date

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
5	8	X	40	47

Description: The date the service was initiated.

Required?: Yes

Error Action: If field is greater than submission date, general error reported.

Valid Codes: A valid date in the format YYYYMMDD, prior to the submission date.

FA0-6. SVC to Date

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
6	8	X	48	55

Description: The date the service extends through.

Required?: Unused

Error Action: If invalid date or greater than submission date or greater than the Service From Date (FA0-5), General Error reported, field set to null in database.

Valid Codes: A valid date in the format YYYYMMDD, greater than Field FA0-5 - Service From Date.

FA0-7. Place of SVC

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
7	2	X	56	57

Description: The code that identifies where the service was performed.

Required?: Yes

Error Action: If invalid or null, field set to 98 in database and general error reported.

Valid Codes:

11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
35	Group Home
36	Staffed Residence
37	Family Home
38	Personal Care Home
39	Foster Care
41	Ambulance - Land
42	Ambulance - Air or Water
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Stage Renal Disease Treatment Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
98	Unknown / Not Collected (this should rarely be used)
99	Other Unlisted Facility

NOTE: all of the above are valid HIPAA codes EXCEPT 35-39 and 50

FA0-8. Type of SVC Code

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
8	2	X	58	59

Description: Unused

FA0-9. HCPCS Procedure Code

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
9	5	X	60	64

Description: This is the HCPCS/CPT-4 code or Medicaid service code (X-code) that describes the service.

Required?: Yes

Error Action: If the Prime Payer (DA0-5 Source of Pay) = "Y" (DMHMRS), then this field may be left blank, match DMHMR Modifier 1 (FA0-12), or contain a valid HCPCS/CPT code.

If the Prime Payer = "D" (Medicaid), then this field must be a valid Medicaid code.

If the Prime Payer is neither "Y" nor "D", then this field must be a valid HCPCS/CPT code.

If this field does not meet the criteria listed above, it is considered a General Error.

Valid Codes: If the Prime Payer = "Y", this field can equal field FA0-12 DMHMRS Modifier 1, can be blank, or can be any valid HCPCS/CPT code.
If the Prime Payer = "D", this field must contain a valid Medicaid code (see Appendix E).
If the Prime Payer is neither "Y" nor "D", this field must contain a valid HCPCS/CPT code (see Appendix D).

FA0-10. HCPCS Modifier 1

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
10	2	X	65	66

Description: Unused

FA0-11. HCPCS Modifier 2

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
11	2	X	67	68

Description: Unused

FA0-12. DMHMRS Modifier 1 (Service / Procedure)

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
12	2	X	69	70

Description: This code identifies the first DMHMR modifier for this service. See Appendix E for full Modifier Descriptions.

Required?: Yes

Error Action: If the Prime Payer (DA0-5 Source of Pay) = "Y" and this field is invalid, it is a Fatal Error. If the Prime Payer is not "Y" and this field is invalid, it is a General Error, the service is rejected and field set to 98.

Valid Codes:

01	Diagnostic Interview
02	Intensive In-Home
03	Assessment DUI
04	PASRR – Level II Evaluation
05	Assessment PASRR – Subsequent Review – deleted FY2002
06	Consultation PASRR
10	Psychiatric Diagnostic Evaluation (may be conducted by ARPNS)
11	Medical Evaluation
12	Psychiatric Evaluation of Records
13	Psychiatric Report Preparation
20	Psychological Testing
21	Specialized Evaluation and Consultation (IFBSS)
22	Intervention Services (IFBSS - "Family Support Service")
23	Intervention Services (IFBSS - "Overnight Care")
24	Miscellaneous Services Purchased *
25	Miscellaneous Goods Purchased *
26	Therapeutic Child Support – deleted FY2002
27	Therapeutic Foster Family Treatment
28	Therapeutic Rehabilitation Services (Children – Day Treatment)
29	Therapeutic Rehabilitation Services (Children – After School Program)
30	Therapeutic Rehabilitation Services (Adults)
31	Respite Care – Hourly changed FY2003
32	Respite Care – Daily – deleted FY2003
33	Community Supports – deleted FY2001
34	SA Transitional
35	SA Residential
36	SA Family Residential
37	Specialized Personal Care Home Services
38	Residential Crisis Stabilization – Adult (CSU)
39	Residential Crisis Stabilization – Child and Adolescent (CSU)
40	Residential Support
41	Detoxification (Non-Medical)
42	Detoxification (Medical)
43	Supported Housing
44	SA Family Transitional – (new FY2003)
50	Individual Therapy
51	Individual Therapy (Psychiatrist)
52	Group Therapy
53	Intensive Outpatient SA
54	Intensive Outpatient MH

60	Case Management Services Adult MH (SMI)
61	Case Management Services Children MH (SED)
62	Support Coordination - MR
63	Case Management Services SA
64	SA Pregnant Women Services NOS - deleted FY2001
70	DUI Education Services
71	Consultation & Education – deleted FY2003
72	MH Prevention
73	Consultation (New FY2003)
74	Outreach and Education (New FY 2003)
77	MR Adult Foster Care Home Residential Supports (new 2004)
78	MR Pre-Vocational Services
79	Community Living Supports
80	Social Club (Drop-in)
81	Community Habilitation Services
82	In-Home Support
83	Early Intervention/First Steps (KEIS)
84	Behavior Support
85	Supported Employment (MH/MR)
86	Leisure
87	Occupational Therapy
88	Physical Therapy
89	Speech Therapy
90	PASRR Specialized Services
91	MR Crisis and Prevention
92	MR Individual Supports – deleted FY2003
93	MR Residential Supports
94	PASRR Specialized Goods Purchased – (new FY2003)
95	MR Group Home Residential Supports (new 2004)
96	MR Family Home Residential Supports (new 2004)
97	MR Staffed Residence Residential Supports (new 2004)
98	Unknown / Not Collected (should not be used)
99	Other Non-DMHMRS service specified in FA0-9

NOTE: This is a 3-digit code on the HIPAA/F37 "NTE" record, Therefore you will have to prefix this code with a zero when entering it into the NTE record

Codes 24 and 25 may use a Pseudo-Client (Client Status Code '3' in Client Data Set field 6)

FA0-13. Line Charges

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
13	7	N	71	77

Description: The charges related to this service.

Required?: Unused

Error Action: If not blank, this field must be numeric. Non-numeric codes are written into the database as '00000.00'.

FA0-14. Diag Code Pointer1

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
14	1	X	78	78

Description: A pointer to the claim diagnosis code in the order of importance to this service.

Required?: Unused

Error Action: Unused

Valid Codes:

1	indicates the 1st header diagnosis
2	indicates the 2nd header diagnosis
3	indicates the 3rd header diagnosis
4	indicates the 4th header diagnosis

NOTE: This field will not be edited beginning with the data for Fiscal Year 2004.

FA0-15. Diag Code Pointer2

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
15	1	X	79	79

Description: A pointer to the claim diagnosis code in the order of importance to this service.

Required?: Unused

Error Action: Unused

Valid Codes:

1	indicates the 1st header diagnosis
2	indicates the 2nd header diagnosis
3	indicates the 3rd header diagnosis
4	indicates the 4th header diagnosis

NOTE: This field will not be edited beginning with the data for Fiscal Year 2004.

FA0-16. Diag Code Pointer3

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
16	1	X	80	80

Description: A pointer to the claim diagnosis code in the order of importance to this service.

Required?: Unused

Error Action: Unused

Valid Codes:

1	indicates the 1st header diagnosis
2	indicates the 2nd header diagnosis
3	indicates the 3rd header diagnosis
4	indicates the 4th header diagnosis

NOTE: This field will not be edited beginning with the data for Fiscal Year 2004.

FA0-17. Diag Code Pointer4

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
17	1	X	81	81

Description: A pointer to the claim diagnosis code in the order of importance to this service.

Required?: Unused

Error Action: Unused

Valid Codes:

1	indicates the 1st header diagnosis
2	indicates the 2nd header diagnosis
3	indicates the 3rd header diagnosis
4	indicates the 4th header diagnosis

NOTE: This field will not be edited beginning with the data for Fiscal Year 2004.

FA0-18. Units of SVC

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
18	4	N	82	85

Description: The number of services rendered in Units of Service appropriate to the service provided (see Appendix E).

Required?: Yes

Error Action: General Error reported. Field set to '0000' in database.

Valid Codes: 0001-9999 (i.e. 1234 = 123.4 and 0010 = 1)

Special Instructions: In order to capture fractional services, use the fourth position with an assumed decimal position. (ie. 0010 is read as 001.0 or one)

FA0-19. Anesthesia/Oxygen Min

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
19	4	N	86	89

Description: Unused

FA0-20. Emergency IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
20	1	X	90	90

Description: Unused

FA0-21. COB IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
21	1	X	91	91

Description: Unused

FA0-22. HPSA IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
22	1	X	92	92

Description: Reserved for future use.

FA0-23. Rendering Professional ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
23	15	X	93	107

Description: Professional identifier assigned by center. This is the same number provided in the Human Resources data set.

Required?: Yes

Valid Codes: Professional ID on record in the Human Resources data set for the Reporting Region.
"999999" Not a direct employee of the center

Error Action: General Error reported. Field set to '0000000000000000' in database.

FA0-24. Referring Professional ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
24	15	X	108	122

Description: Professional identifier assigned by center. This is the same number provided in the human resources data set.

Required?: Unused

Error Action: Unused

FA0-25. Referring Provider State

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
25	2	X	123	124

Description: Unused

FA0-26. Pur SVC IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
26	1	X	125	125

Description: Unused

FA0-27. Disallowed Cost Cont

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
27	7	N	126	132

Description: Unused

FA0-28. Disallowed other

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
28	7	N	133	139

Description: Unused

FA0-29. Review By Code Ind

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
29	1	X	140	140

Description: Unused

FA0-30. Multi Procedure IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
30	1	X	141	141

Description: Unused

FA0-31. Mammography Cert NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
31	10	X	142	151

Description: Unused

FA0-32. Class Findings

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
32	9	X	152	160

Description: Unused

FA0-33. Podiatry SVC Cond

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
33	3	X	161	163

Description: Unused

FA0-34. Clia ID NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
34	15	X	164	178

Description: Unused

FA0-35. Primary Paid Amount

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
35	7	N	179	185

Description: Unused

FA0-36. DMHMRS Modifier 2

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
36	2	X	186	187

Description: This code identifies the second DMHMR modifier to the CPT code for this service.

Required?: Unused

Error Action: Unused

Valid Codes:

01	Behavioral Therapy
02	Cognitive Therapy
03	Dynamic Therapy
04	Interpersonal Therapy
05	Insight Oriented Therapy
06	Supportive Therapy
07	Rehabilitative Therapy
08	Chemical Dependency
09	Expressive Therapy (Art & Music)
10	Play Therapy

NOTE: This field will not be edited beginning with the data for Fiscal Year 2004.

FA0-37. Provider Specialty

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
37	3	X	188	190

Description: Unused

FA0-38. Podiatry Therapy IND

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
38	1	X	191	191

Description: Unused

FA0-39. Podiatry Therapy Type

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
39	1	X	192	192

Description: Unused

FA0-40. Hospice Employed Prov Ind

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
40	1	X	193	193

Description: Unused

FA0-41. HGB/HCT Date

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
41	8	X	194	201

Description: Unused

FA0-42. HGB Result

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
42	3	N	202	204

Description: Unused

FA0-43. HCT Result

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
43	2	N	205	206

Description: Unused

FA0-44. Patient Weight

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
44	3	N	207	209

Description: Unused

FA0-45. EPO Dosage

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
45	3	N	210	212

Description: Unused

FA0-46. Serum Creatine Date

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
46	8	X	213	220

Description: Unused

FA0-47. Creatine Result

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
47	3	N	221	223

Description: Unused

FA0-48. Obligation Accept Amt

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
48	7	N	224	230

Description: Unused

FA0-49. Drug Discount AMT

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
49	7	N	231	237

Description: Unused

FA0-50. Filler-National

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
50	83	X	238	320

Description: Unused

Claim Trailer Record - Claim Totals

Record ID: XA0

Level: CLAIM

Purpose: The last record of every claim submitted, it contains information pertinent to the balancing of each claim (i.e. claim record counts, claim charges) within a batch.

Requirements: **REQUIRED**

XA0-1. Record ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
1	3	X	1	3

Description: Field used to identify record type XA0.

Required?: Yes

Error Action: Unused

Valid Codes: XA0

XA0-2. Reserved

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
2	2	X	4	5

Description: Unused

XA0-3. PAT Control NO / Client ID Number

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
3	17	X	6	22

Description: Identifies client to the database using a unique identifier. This is the encrypted SSN using the established encryption methodology. See Client ID Encryption Protocol.

Required?: Yes

Error Action: Fatal, Reject claim.

Valid Codes: Must match Client ID in Field CA0-3 – PAT Control No.

XA0-4. Record CXX Count

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
4	2	N	23	24

Description: A count of all CA0 records included in this claim.

Required?: Unused

Error Action: Unused

XA0-5. Record DXX Count

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
5	2	N	25	26

Description: A count of all DA0 records included in this claim.

Required?: Unused

Error Action: Unused

XA0-6. Record EXX Count

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
6	2	N	27	28

Description: A count of all EA0 records included in this claim.

Required?: Unused

Error Action: Unused

XA0-7. Record FXX Count

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
7	2	N	29	30

Description: A count of all FA0 records included in this claim.

Required?: Unused

Error Action: Unused

XA0-8. Record GXX Count

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
8	2	N	31	32

Description: Unused

XA0-9. Record HXX Count

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
9	2	N	33	34

Description: Unused

XA0-10. Claim Record Count

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
10	3	N	35	37

Description: The total number of records submitted for this claim beginning with the first CA0 record and ending with the last FA0 record.

Required?: Unused

Error Action: Unused

XA0-11. Reserved

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
11	40	X	38	77

Description: Unused

XA0-12. Total Claim Discharges

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
12		7 N	78	84

Description: The sum of all line item dollar charges included within this claim.

Required?: Unused

Error Action: Unused

XA0-13. Total Disl Cost Cont CHGS

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
13	7	N	85	91

Description: Unused

XA0-14. Total Disl Other Charges

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
14	7	N	92	98

Description: Unused

XA0-15. Total Allowed Amt

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
15	7	N	99	105

Description: Unused

XA0-16. Total Deductible Amount

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
16	7	N	106	112

Description: Unused

XA0-17. Total Coinsurance Amount

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
17	7	N	113	119

Description: Unused

XA0-18. Total Payer Amount Paid

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
18	7	N	120	126

Description: Unused

XA0-19. Patient Amount Paid

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
19	7	N	127	133

Description: The dollar amount the provider has received from the patient (or insurer) toward payment of this claim.

Required?: Unused

Error Action: Unused

XA0-20. Total Purchase SVC Charges

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
20	7	N	134	140

Description: Unused

XA0-21. Prov Discount Information

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
21	16	X	141	156

Description: Unused

XA0-22. Remarks

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
22	103	X	157	259

Description: Unused

XA0-23. Filler-National

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
23	31	X	260	290

Description: Unused

XA0-24. Filler-Local

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
24	30	X	291	320

Description: Unused

Batch Trailer Record - Batch Totals

Record ID: YA0

Level: BATCH

Purpose: The last record of any batch submitted, it contains information pertinent to the balancing of each batch (i.e. batch record count, batch charges) within a file.

Requirements: REQUIRED

YA0-1. Record ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
1	3	X	1	3

Description: Field used to identify record type YA0.

Required?: Yes

Error Action: Fatal, reject batch.

Valid Codes: YA0

YA0-2. DMHMRS Region ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
2	15	X	4	18

Description: The unique number assigned to the CMHC for DMHMRS identification purposes. This will be the region number.

Required?: Unused

Error Action: Unused

Valid Codes:

01	Four Rivers (Western KY)	09	**Region 07 - Transitions **
02	Pennyroyal	10	Pathways
03	River Valley (Green River)	11	Mountain
04	Lifeskills	12	Kentucky River
05	Communicare	13	Cumberland River
06	Seven Counties	14	Adanta
07	Northkey (Northern Kentucky)	15	Bluegrass
08	Comprehend	16	**Region 06 – Healing Place**

YA0-3. Batch Type

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
3	3	X	19	21

Description: Unused

YA0-4. Batch NO

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
4	4	N	22	25

Description: A sequential number assigned by the submitter to each batch of claims. (See Field BA0-4).

Required?: Unused

Error Action: Unused

YA0-5. Batch ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
5	6	X	26	31

Description: Unused

YA0-6. Prov Tax ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
6	9	X	32	40

Description: The federally assigned Tax Identification Number (TIN) of the provider. This is the Employer Identification Number (EIN) of the CMHC.

Required?: Unused

Error Action: Unused

YA0-7. Reserved

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
7	6	X	41	46

Description: Unused

YA0-8. Batch SVC Line Count

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
8	7	N	47	53

Description: The number of line items included in this batch. This is the count of all FA0 records in this batch.

Required?: Unused

Error Action: Unused

YA0-9. Batch Record Count

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
9	7	N	54	60

Description: The number of records included in this batch. This is the count of all record types BA0 through YA0 within this batch.

Required?: Unused

Error Action: Unused

YA0-10. Batch Claim Count

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
10	7	N	61	67

Description: The number of claims included in this batch. This is the count of all record type CA0 in this batch.

Required?: Unused

Error Action: Unused

YA0-11. Batch Total Charges

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
11	9	N	68	76

Description: The dollar sum of all "Total Claim Charges" fields included within this batch.

Required?: Unused

Error Action: Unused

YA0-12. Filler-National

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
12	121	X	77	197

Description: Unused

Required?: Unused

Error Action: Unused

YA0-13. Filler-Local

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
13	123	X	198	320

Description: Unused

File Trailer Record - File Totals

Record ID: ZA0

Level: FILE

Purpose: The last record of any file submitted, it contains information pertinent to the balancing of the file (i.e. file record counts, file charges).

Requirements: REQUIRED

ZA0-1. Record ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
1	3	X	1	3

Description: Field used to identify record type ZA0.

Required?: Yes

Error Action: Fatal, reject file.

Valid Codes: ZA0

ZA0-2. Submitter ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
2	16	X	4	19

Description: The unique identifier for the submitting agency as specified by DMHMRS.

Required?: Unused

Error Action: Unused

ZA0-3. Reserved

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
3	9	X	20	28

Description: Unused

ZA0-4. Receiver ID

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
4	16	X	29	44

Description: Field assigned by DMHMRS.

Required?: Unused

Error Action: Unused

ZA0-5. File SVC Line Count

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
5	7	N	45	51

Description: The number of service lines included in this file. Must be the sum of all BATCH SERVICE LINE COUNT fields (Field YA0-8) included within this file.

Required?: Unused

Error Action: Unused

ZA0-6. File Record Count

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
6	7	N	52	58

Description: The number of records included in this file. Must be the sum of all BATCH RECORD COUNT fields (YA0-09.0) within this file.

Required?: Unused

Error Action: Unused

ZA0-7. File Claim Count

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
7	7	N	59	65

Description: The number of claims included in this file. Must be the sum of all BATCH CLAIM COUNT fields (Field YA0-10) included within this file.

Required?: Unused

Error Action: Unused

ZA0-8. Batch Count

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
8	4	N	66	69

Description: The number of batches included in this file. Must be the sum of all record type YAO's within this file.

Required?: Unused

Error Action: Unused

ZA0-9. File Total Charges

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
9	11	N	70	80

Description: The sum of all total charges from each batch contained within this file.

Required?: Unused

Error Action: Unused

ZA0-10. Filler-National

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
10	120	X	81	200

Description: Unused

ZA0-11. Filler-Local

<u>Field</u>	<u>Length</u>	<u>Picture</u>	<u>From</u>	<u>To</u>
11	120	X	201	320

Description: Unused